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FEC FORM 2 STATEMENT OF CANDIDACY

e 7	าร์	37AP:
- 1		

(a) Name of Candidate (in full)	Jim Moss		17 AUG	
(b) Address (number and street) P. O. 3ox 2536	☐ Check if address changed	2. FE	C Candidate Identifica	tion Number
(c) City, State, and ZIP Code Globe, AZ	85502 - 253	3. Is	This New tatement (N)	OR (A)
4. Party Affiliation Democrat	5. Office Sought U.S. Senate	6. State & District of C		•
· · · · · · · · · · · · · · · · · · ·	SIGNATION OF PRINCIPAL	CAMPAIGN COI	MMITTEE	
 I hereby designate the following nan NOTE: This designation should be fi 	ned political committee as my Principal (led with the appropriate office listed in the		r the 2018 (year of election	_ election(s).)
(a) Name of Committee (in full)				
	of Jim Moss			
(b) Address (number and street) P. O. Box	2536			
(c) City, State, and ZIP Code				
Globe,	AZ 8550;	2-2536		
I hereby authorize the following name candidacy.	SIGNATION OF OTHER AU (Including Joint Fundraising) (Including Joint Fundraising) (Including Joint Fundraising) (Including Joint Fundraising) (Including Joint Fundraising)	g Representatives) al campaign committee,		d funds on behalf of my
(a) Name of Committee (in full)				
(b) Address (number and street)			Takan faran a saraha sara sara sarah sarah dari Andrika Andrika Sarah	
(c) City, State, and ZIP Code				
	nined this Statement and to the best of t	ny knowledge and belie	f it is true, correct and	complete.
Signature of Candidate	2.58	Date	7-2	6-17
NOTE: Submission of false, erroneous,	or incomplete information may subject	he person signing this S	Statement to penalties	of 52 U.S.C. §30109.
9-00068				FEC FORM 2 (REV. 02/2009)

FEC Form 2S (Revised 02/2017)

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Optional Supplemental Page for Designation of Additional Authorized Committees

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DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)

8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE: This designation should be filed with the principal campaign committee.			
	(a) Name of Committee (in full)			
	(b) Address (number and street)			
	(c) City, State, and ZIP Code			
	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE: This designation should be filed with the principal campaign committee.			
	(a) Name of Committee (in full)			
	(b) Address (number and street)			
	(c) City, State, and ZIP Code			
	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE: This designation should be filed with the principal campaign committee.			
	(a) Name of Committee (in full)			
	(b) Address (number and street)			
	(c) Cily, State, and ZIP Code			
	I hereby authorize the following named committee, which is NØT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE: This designation should be filed with the principal campaign committee.			
	(a) Name of Committee (in full)			
	(b) Address (number and street)			
	(c) City, State, and ZIP Code			

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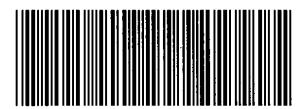
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